

FOURTH ANNUAL REPORT

OF THE

TRUSTEES

OF THE

MASSACHUSETTS HOSPITAL

FOR

DIPSOMANIACS AND INEBRIATES

(AT FOXBOROUGH).

FOR THE YEAR ENDING SEPT. 30, 1895.

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1896.

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OFFICERS

OF THE

MASSACHUSETTS HOSPITAL FOR DIPSO MANIACS AND INEBRIATES
(AT FOXBOROUGH).

TRUSTEES.

JAMES J. MINOT, M.D.
A. LAWRENCE LOWELL.
ANNA PHILLIPS WILLIAMS.
HEMAN M. BURR.
J. G. PINKHAM, M.D.

RESIDENT OFFICERS.

MARCELLO HUTCHINSON, M.D., *Superintendent.*
WILLIAM NOYES, M.D., . . . *Assistant Physician.*

TREASURER.

WARREN F. SPALDING, 15 PEMBERTON SQUARE, BOSTON.

TRUSTEES

OF THE

MASSACHUSETTS HOSPITAL FOR DIPSOMANIACS AND INEBRIATES.

NAME.	Residence.	When Ap- pointed.	Service Ended.	From What Cause.
SAMUEL CARR,	Boston, . .	1889	1895	Term expired.
BURNHAM R. BENNER, M.D., .	Lowell, . .	1889	1891	Term expired.
TILLY HAYNES,	Boston, . .	1889	Dec., 1890	Resigned.
ANNA D. (PHILLIPS) WILLIAMS,	Boston, . .	1889	-	Still in office.
FRANCIS A. WALKER, . . .	Boston, . .	1889	1894	Term expired.
A. LAWRENCE LOWELL, . . .	Boston, . .	Dec., 1890	-	Still in office.
JAMES J. MINOT, M.D., . . .	Boston, . .	Oct, 1891	-	Still in office.
HEMAN M. BURR,	Newton, . .	Sept., 1894	-	Still in office.
J. G. PINKHAM, M.D., . . .	Lynn, . .	July, 1895	-	Still in office.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Massachusetts Hospital for Dipsomaniacs and Inebriates respectfully submit their fourth annual report and the report of the superintendent and treasurer, together with the tables of statistics.

The trustees find increasing satisfaction in the good results brought about by the system of gymnastic exercises and baths introduced into the hospital a year ago last June. This year a new feature has been added, namely, a system of measurements, the machines to carry out which were lent to the hospital by Miss Amy M. Homans, director of the Boston School of Gymnastics, and the trustees desire to express their gratitude for the use of them. By means of these machines certain measurements of the body are taken when the patients enter the class of gymnastics, and again just before their discharge, and diagrams of each patient are made by the instructor, which show the improvement the exercises have produced, — an improvement that each patient can see for himself, at a glance. He is told what physical weaknesses he has to be corrected, and how this can be done. The measurements and the strength tests have created a strong interest among the patients. A fuller account of the system, and a diagram, will be found in the superintendent's report.

The number of patients in the hospital has increased and is still increasing, and in the near future the day room, which is now used for gymnastic exercises, as well as for the chapel and entertainment room, will be needed for its specific purpose, — a day room. Likewise, the day room will not be large enough to be used economically for the exercises, for if, owing to lack of space, the classes must be small, there

must, of course, be more of them, and this condition of things will require more service from the instructor than he at present renders. Even now certain exercises that would be of benefit to the patients must be in part omitted for the want of room.

The bath room is simply a small room where the patients are bathed after the exercises, by means of a garden hose and nozzle, the water being properly tempered. More space and more appropriate arrangements are, even now, needed to bathe the number of patients in the hospital; some of the patients have already objected to being bathed in the manner necessitated by present conditions. As the gymnastic exercises and baths have already produced such beneficial results, and promise still greater in the future, not only for these patients but as a scientific contribution towards what can be done for larger classes of men who are out of condition, the trustees, believing that the good work well begun will be seriously crippled, if not made almost impossible, for lack of space, earnestly request an appropriation for a gymnasium building. This would also serve the purpose of chapel and entertainment room.

The addition to the workshop has been erected by means of the appropriation granted last year. The making of brooms continues to give satisfactory employment to many of the patients, winter and summer, and the industry is still self-sustaining.

Another new feature has been introduced into the hospital life during the past year by the patients. They organized a committee among themselves which provided very creditable entertainments one evening in the week. Friends of the hospital have also done their share in enlivening the routine of the life. The list of these entertainments will be found in the report of the superintendent.

The treatment of the patients consists of medicine, a certain amount of work, gymnastic exercises and baths, according to their needs; but, as there was no power to compel a patient to follow the regimen, and as in the nature of the case he could not be discharged, as from a general sick hospital, for refusing to carry out the directions of the physician, a new system of government was put into force on

August 1, by which each patient is discharged on leave of absence only after six months' faithful following of the prescribed treatment. The trustees are aware that to discharge every patient, indiscriminately, on trial, after six months' detention, without regard to whether his craving for drink is of long or short duration, or whether he inherits a tendency to this craving, or is born with a weak or even diseased nervous system, is an unscientific way of treating disease, but thought it might prove useful as a temporary expedient.

The superintendent and assistant superintendent have made, as last year, personal inquiries into the condition of all those patients who have been discharged from the hospital since it was opened, and the results will be found in the tables annexed to the report of the superintendent.

At the close of the hospital year, Sept. 30, 1895, there were 129 patients in the hospital; at the present date (October 31) there are 151. In the near future it will probably be full; but, as the expenses of the coming year cannot be entirely met from the board of the patients, the trustees request an appropriation for part of the current expenses of 1896.

The trustees have put themselves into communication with physicians in England and France, in order to ascertain what legislation, if any, obtains there concerning inebriates. Two of these gentlemen have been heard from; namely, Dr. Norman Kerr of London, and Dr. Legrain, médecin en chef à l'asile de Ville-Évrard, in the neighborhood of Paris.

England has acts entitled the Habitual Drunkards Act, 1879, and the Inebriates Act, 1888, which permit the establishment of retreats (a retreat is defined as a house licensed by the licensing authority for the reception, care and curative treatment of habitual drunkards). These retreats are private establishments, but are subject to government inspection. The patients are "voluntary," but on entrance must sign a paper agreeing to remain a definite time, the maximum period being one year; if they run away, they may be returned by the proper authority. This act, however, did not cover the needs, and in 1893 a report containing a large mass of evidence was presented to both houses of Parliament from the Departmental Committee on the treatment of inebriates. Two

of the principal recommendations of this report were : first, compulsory commitment ; and second, the extension of the maximum period of detention to two years. Following this report, and embodying its ideas, an inebriate bill was brought before Parliament by the late government, in 1895, and passed to a second reading in the House of Lords, but fell to the ground, owing to the dissolution of Parliament. Dr. Kerr writes that the new government has not yet gone into this question, but a bill by and by is hoped for from them, with some advance in legislation.

In many of the British colonies there is legislation concerning the care and treatment of inebriates. In Ontario, South Australia and Victoria commitment to a retreat or hospital may be voluntary or compulsory, but in either case if a patient escapes he may be returned by the proper authority. In Quebec, Nova Scotia and New Brunswick legislation is similar in character to that of Ontario, but not identical with it.

In France, in 1893, Drs. Legrain and Magnan, at the request of the " Conseil Supérieur de l'Assistance Publique," made a report to the fourth section on the establishment of special asylums for persons suffering from alcoholic insanity, and recommended that such should be erected. The report also suggests the need for asylums for inebriates, with compulsory commitment, and Dr. Legrain, in an article entitled " Asiles d'Ivrognes," has advocated this need directly ; but as yet such a hospital does not exist in France.

In 1890 a law was passed in the Canton of St. Gall, in Switzerland, to establish a hospital for inebriates ; the commitments are either voluntary or compulsory. The time of detention varies, as a rule, from nine to eighteen months. In exceptional cases the State contributes towards the support of the family while the patient is in the hospital.

In Austria* the minister of justice has lately submitted an inebriates' bill to Parliament. If this bill passes, special asylums will be established, either by the State, province or municipality ; commitments may be either voluntary or compulsory, but even voluntary inmates will not be allowed to

* Lancet, Sept. 14 and 21, 1895.

leave the hospital at their own option. The time of detention is two or three years; this time may be reduced or renewed, as occasion requires.

In Germany, although there are private hospitals, there are as yet, so far as learned, no hospitals established by the State, but the movement has begun in that direction. These private hospitals make use of gymnastic exercises for the patients.

On July 1 Mr. Samuel Carr's term of service as trustee expired, and, to the regret of his co-trustees, he felt compelled to decline reappointment. Dr. Joseph G. Pinkham of Lynn was appointed a trustee, to succeed Mr. Carr. He qualified July 24, 1895.

JAMES J. MINOT.

A. LAWRENCE LOWELL.

ANNA PHILLIPS WILLIAMS.

HEMAN M. BURR.

J. G. PINKHAM.

SUPERINTENDENT'S REPORT.

To the Trustees of the Massachusetts Hospital for Dipsomaniacs and Inebriates.

The annual report for the year ending Sept. 30, 1895, is hereby respectfully submitted.

For a statement of the general movement of the population of the hospital during the year and of apparent result in the case of those who were discharged from treatment prior to May 6, 1895, reference is made to appended tables.

There have been 212 admissions during this year, 59 more than during the previous one. The daily average number resident in the hospital was 125.14. The weekly average cost of support per capita was \$7; during the previous year it was \$8.41. In determining the average cost of support, all sums expended for material to be used in the production of brooms were deducted from the gross outlay for the year, as it has all been returned through the sale of the brooms.

Few subjects are receiving more general and persistent consideration than that of inebriety, and there is none upon which more varied and opposing views are maintained. The term "inebriety" is inexact, and thus far no clear and sufficient definition of it has been given. Still, it is accepted as the distinctive name of a true disease, a phase of insanity, characterized by an intense, imperative, irresistible craving for the soothing effect of some narcotic poison, notably alcohol. It is distinguished as a disease, not as a habit. As a disease it has its history, causes and symptoms, and is subject to pathological laws as are other diseases. In the words of the American Association for the Cure of Inebriates, it is "a disease that is curable in the same sense that other diseases are, its primary cause being a constitutional

susceptibility to the alcoholic impression, which may be inherited or acquired."

It does not, as an organism, enter the system from without, but arises from within, and exists as a change of structure or function, or both. Apparently no organ or tissue escapes. There are irregularities in the functional activity of the various organs; there is impairment of muscular movement, even paralysis; also neuritis, with its attendant pains, frequently called "rheumatic pains." When fully developed, it manifests such symptoms as are associated with hardening of the tissues and fatty degeneration. The most characteristic of them, diminished will-power, blunted moral perception and impaired cerebration, point to the brain. They indicate a state of dementia which frequently can be recognized long before it is sufficiently pronounced to justify a certificate of insanity.

The careful observations and studies already made of the condition of the inebriate, the subject of chronic alcoholic poisoning, have made it apparent that this disease is very largely dependent upon inborn tendencies, or heredity, and upon surrounding conditions and influences, or environment; that it is frequently dependent upon physical conditions and causes with which the substance alcohol has nothing to do; that where there are no predisposing or exciting causes, it may be originated by the indiscreet or inconsiderate use of alcohol itself.

The inebriate, as he is presented for care and treatment, is usually shattered by years of alcoholic indulgence and dissipation. Not infrequently he is further weakened by some associated neurosis, or by some organic or constitutional disease. It is not reasonable to suppose or expect that under such circumstances he can be restored to health in a few weeks by the use of any one drug, or combination of drugs, alone. Other agencies must be employed, — complete cessation from the use of alcohol, restraint and control of the person for a time, even for a long time, rest, freedom from worries, baths and systematic exercise, occupation, regularity in habits, diets and good hygienic surroundings. All these can be secured at home, but usually at a large expense. Most persons must seek the protection and care of a hospital,

for they are too deficient in will-power to be controlled by personal appeal, pledge or fear of financial or social ruin.

There is no short cut by which the disease can be checked and the diseased tissues restored to their normal condition. It is necessary to follow the same general course as in the treatment of other diseases, particularly those affecting the nervous system. Until the exact pathology of the disease and the true physiological action of alcohol are demonstrated, it will be necessary to look to the inferences and results of experience for guidance in its treatment.

It may be of some interest to indicate what is sought to be done in the care and treatment of those committed to this hospital. By the statute law governing commitment to and detention in the hospital, provision is made for one of the chief factors in treatment, — time, or prolonged residence in the hospital. Time is necessary, compelling the non-use of alcohol, affording an opportunity for nature to restore the diseased tissues to their normal condition, and also for the sustained use of drugs, baths, exercise and other remedial agencies. Under the law, a man, when committed, can be detained for two years. You, as trustees, are given discretionary power for earlier discharge, which discharge is not full or final, but conditional, or leave of absence. When so discharged, any person violating the conditions of his release and resuming his drinking habits may be returned to the hospital and there detained during the unexpired portion of the two years for which his commitment papers are valid. According to rules established by your Board, each person is allowed to go from the hospital on leave of absence at the end of six calendar months, provided he has met all requirements as to the taking of medicines, occupation and attendance upon the classes in physical training.

When received at the hospital each person is bathed and then examined for injuries, or anything else unusual. He is then placed in a room, where he remains in seclusion for some days, to preserve his strength, if much debilitated or in a state of delirium. The use of alcohol in any form is stopped at once. While in a state of delirium he has an attendant constantly near him, both night and day. When otherwise seriously sick the same watch is maintained.

Appropriate treatment is directed to the relief of the conditions resulting from the use of alcohol, and also of any complicating disease.

At a suitable time each one is required to attend regularly a class in physical training. About one-quarter part are excused for some positive incapacity. The classes in physical training are under the direction of one who has been specially educated for such work. His services are given during five half-days of each week. At the close of each exercise each class receives, at the hand of the instructor himself, a carefully tempered bath, a spray bath, which cleanses the body of all exudations, stimulates the nervous system and the subcutaneous circulation. As the patients present themselves for the training, they show faulty attitudes, weakened organs of circulation and respiration, imperfect muscular co-ordination, comparative inability to concentrate and apply their mind, slow response to mental stimuli, diminished will-power. It has not been sought to train athletes for the performance of special acts, but to bring about a healthy action of heart, lungs and mind, and more perfect co-ordination of nerves and muscles, a proper performance of the other bodily functions, to form habits of order, application and purpose; most of all to increase the power of the will in controlling, through its organs, the central nervous system, all functions, movements and desires of the body. This end is sought through a series of movements so arranged and executed as to bring all parts of the system under the influence of the will, and to strengthen the will through the frequent and well-directed use of it.

To afford the instructor a thorough knowledge of each patient, to enable him to better understand his condition, his weaknesses and needs, and in turn to more intelligently regulate the amount and character of the exercise he is to receive, an examination is made. Such matters as height, weight, lung capacity, state of nutrition, etc., are noticed. By means of special machines tracings are taken upon paper of the outline of the chest in a vertical section from front to back, while in a state of rest and also while in the state of full inspiration and of full expiration. Similar tracings are made of a horizontal section of the chest. Another tracing

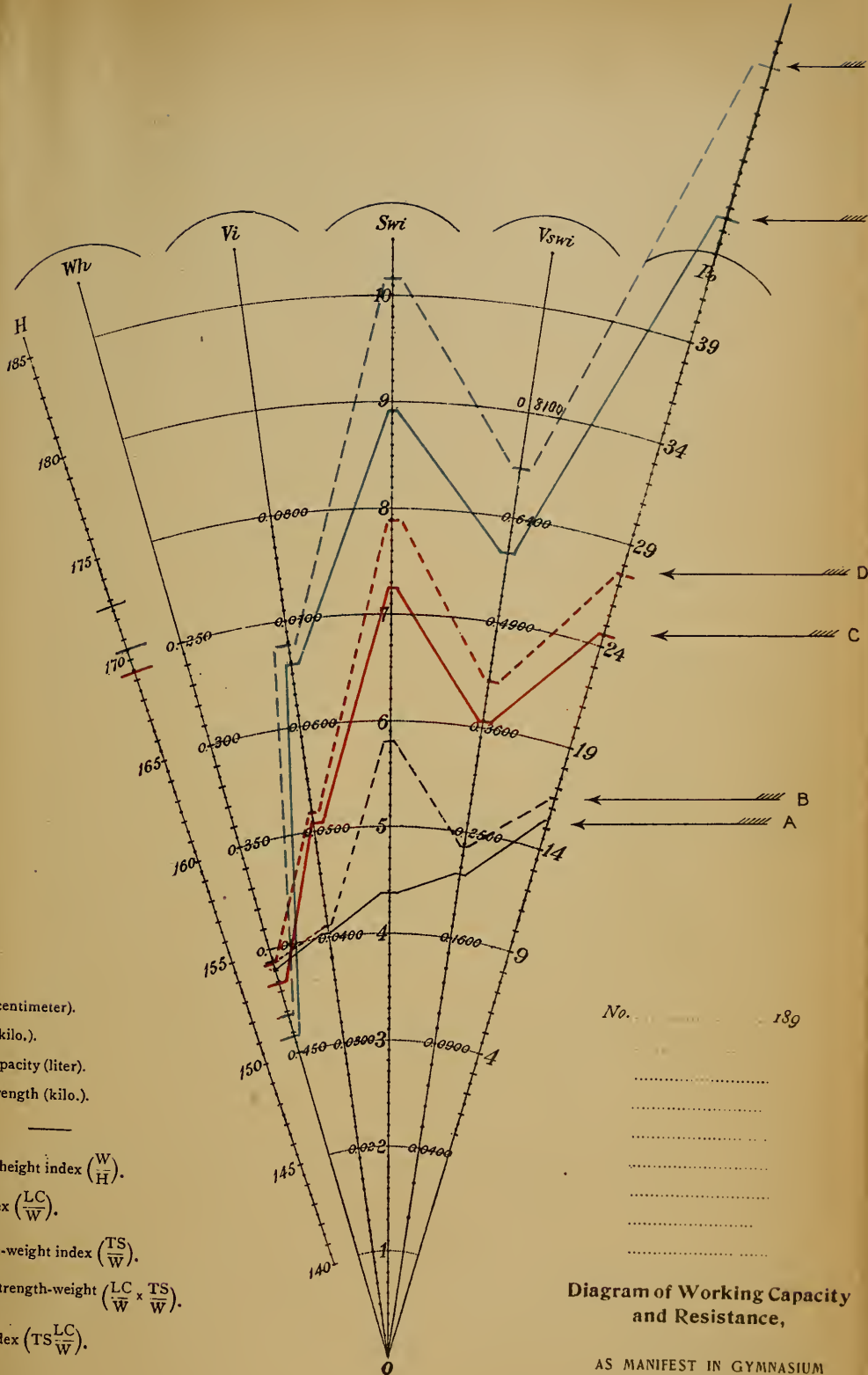
is made showing the line of the spinal column and any lateral curvature, if present. Another such set of tracings is made just before the patient goes from the hospital. By comparing the two sets, a ready estimate of the improvement secured is made. By the original diagrams, particularly when compared with those of fellow-patients, each one is shown his defects, so that he will the more willingly and intelligently assist in remedying them. Each month what is called the strength test is made. This consists in ascertaining the height, weight, lung capacity, strength of back, chest, legs and forearms by means of special instruments. These items are brought into relation to each other, and projected on a chart as a diagram. As a record, and for the purposes of comparison, each patient has a chart devoted to him, upon which his line or diagram for each month is projected. These charts act as a safeguard to the instructor. They show the exact standing of each patient, and give him a chance to modify the treatment for such as have not made satisfactory progress. By explaining his chart to each patient he can see and know how much progress he has made, or to what extent his defects have been remedied; and it may be hoped that he will be stimulated to more earnest co-operation and effort.

On the chart opposite this page are indicated several strength-test lines. The line A is that of an individual patient taken on July 1, 1895; line B is that of the same individual taken Aug. 15, 1895, or after he had attended the classes for a month and a half. Line E is that of another individual patient on July 1, 1895, and line F is that of the same man on Aug. 15, 1895. Lines C and D are the average lines of fifty patients who were tested for strength on July 1, 1895, and again on Aug. 15, 1895. The eye readily distinguishes the relative amount of gain in each case.

The patients are also placed upon parole within the limits of a certain portion of the hospital grounds, and have this freedom from breakfast time to that of supper. When given parole they are at the same time assigned to some task. Thus they assist in the kitchen, dining rooms, laundry, boiler house, barns, in the work upon the farm, in painting and general repairs. There is also a broom shop, which

H = Height (centimeter).
 W = Weight (kilo.).
 C = Lung capacity (liter).
 S = Total strength (kilo.).

h = Weight-height index $\left(\frac{W}{H}\right)$.
 i = Vital index $\left(\frac{LC}{W}\right)$.
 i = Strength-weight index $\left(\frac{TS}{W}\right)$.
 wi = Vital Strength-weight index $\left(\frac{LC \times TS}{W}\right)$.
 = Power index $\left(TS \frac{LC}{W}\right)$.



No. 189

Diagram of Working Capacity and Resistance,

AS MANIFEST IN GYMNASIUM EXERCISES,

DEDUCED BY

Claes J. Enebuske, Ph.D.

affords employment for some all of the time and for many during the winter season.

During the past winter the patients have provided themselves with an entertainment nearly every week. These have been arranged and conducted by a committee chosen for each evening, by their own action, from among their own number. They have always relied upon the talent to be found among themselves and employees. Occasionally kind friends have assisted, coming from the village. A few evenings have been occupied by others. Dr. E. M. Hartwell of Boston, director of physical training in the public schools, has addressed them twice upon his special subject. One evening was occupied by a "Relation of personal reminiscences of a singer of patriotic songs in the Army of the Rebellion," another by "Reminiscences of life in Andersonville and other prisons of the South." A vocal concert was given one evening by a male quartette from Taunton; on another evening an instrumental and vocal concert by two young ladies from Medford. An evening of recitation and song was afforded by young friends from the village.

The experiences of the past year have emphasized the need of a suitable hall or room for the purposes of general gatherings, such as religious services and evening entertainments, and for the more ready and efficient handling of larger classes in physical training. The rooms now used for these purposes are the bath room, bed rooms and day room of a ward as yet unoccupied by patients. It appears very probable that this ward, with its rooms, will be needed for their legitimate uses during this winter. This is indicated by the rapid increase in the number of patients at the present time. These rooms were not designed for their present use. The air space and ventilation were arranged for about thirty-five patients. When the living room is filled by one hundred and fifty or more people, the air is soon exhausted and vitiated, and when resort is made to ventilation by means of the windows, those who from necessity are near the windows are subjected to the discomfort and dangers of strong draughts of cold air. Even then some do not escape the effects of foul air before the end of the hour of meeting. Another great need in connection with the classes in physical training is

better and increased facilities for bathing. As it is at the present time, the class is huddled together in a small room under a waterproof canopy, touching elbows, while receiving the needed bath administered through the spray nozzle of an ordinary garden sprinkler. A few of the men have objected to attending the classes because of the lack of privacy in connection with the bath.

I earnestly commend to your consideration the need of a new building, to contain a hall with associated rooms adapted to the purposes of religious services, evening entertainments and the classes in physical training.

Mention is made below of some of the men who have been longest away from the hospital, and who are still looked upon as doing well, or abstinent. They serve to indicate the good accomplished under adverse, even seemingly hopeless, circumstances. Many who are admitted are evidently hopeless from the first. During the year seventeen have been transferred to a hospital for the insane. Many others are recognized as very close to the line, if not actually within the limits, of insanity. Others are subject to such gross physical degeneration as to preclude any hope of lasting benefit.

Stone cutter, sixty years old, widower; has been drinking for forty years; to excess during the past twenty, as often as every two months. Has no known heredity or exciting cause. Has no known associated habit. Has been much more intemperate since the death of his wife, sixteen years ago. At time of commitment was tremulous, irritable and somewhat confused and debilitated. He was under treatment about six months. He has been absent from the hospital twenty-three months, and according to the statement of his children he is doing all right, is working regularly, is as they would wish him, is happy with them and they with him, contrary to what has been during the past twenty years. He has not taken anything intoxicating but once, in small amount, and that was associated with July 4.

Professional man, forty-three years old, married; has drank for years; uses Jamaica ginger as freely as he does liquor. For six weeks just prior to commitment he consumed large quantities of liquor, also of Jamaica ginger. At entrance

appeared to be verging upon delirium tremens. His father used liquor. No known exciting cause. His indulgence was solitary. During this last spell he has imagined that his wife was intending to poison him, and he became very ugly towards her. At entrance he was much debilitated, tremulous, and his stomach was much disordered. Had an alcoholic fit four days after entrance. Says he had a similar fit about thirteen years ago. Was in the hospital about six months. Has been at home twenty months, and from reliable sources it is known that he has continued abstinent and has attended to his business regularly.

Laborer, thirty-two years old, unmarried; duration of drinking habits unknown. His father was a heavy drinker. He has been known to the committing physicians as a confirmed inebriate, who wandered about at night searching for some imaginary thing, and was a nuisance to those around him. Had no known associated habit. At time of admission he was extremely weak, but not intoxicated. At end of ten days he began to rally, and improved rapidly. Was in the hospital about six months, and his improvement was very pronounced. Has been at home a little more than nineteen months, and is known to have worked regularly and to have been abstinent.

Carpenter, forty years old, married; has drank for twenty-five years, or since he was fifteen years old; has always drank immoderately, but much worse since his head was cut, two years ago, taking his liquor away from home. His father and mother both used liquor to excess. All his relatives are or were people of weak constitution. When not in liquor he thinks well of his family, but when in liquor he is ugly and abusive, and for that reason his wife has once left him. An employer has discharged him because of violence threatened. He was in the hospital six months. Has been home eighteen months. From reliable sources it is known that he has worked regularly, has been what he should be to his family, and also abstinent.

Bartender, thirty-eight years old, married; has drank during all his married life of five years, how much longer is not known. Has drank immoderately during the last year. No known heredity. Entered the hospital in a state of delirium

tremens; was entirely incoherent and very tremulous. Required camisole during the first twenty-four hours, to prevent self-injury. Became coherent on the third day. He was in the hospital a few days less than six months. Went home in a very much improved physical condition. After an absence of nineteen months it is known that he works regularly and is abstinent.

Salesman, twenty-eight years old, married; has drank for seven years; has also used chloral and absinthe. His father and all male relatives on his father's side have used liquor. His maternal aunt is insane. During the year preceding his commitment he used whiskey or brandy daily in large quantities, and developed marked chronic alcoholic poisoning. He has had epileptiform seizures undoubtedly due to alcoholism. At such times he was violent to persons and destructive to things, requiring vigorous restraint. At entrance was sober, but tremulous and much debilitated from recent drinking. He had a severe fit the same evening. He was in the hospital about six months. Has been absent from the hospital eighteen months, and according to good authority he has been constant at work and abstinent in habit.

Clerk, thirty-five years old, unmarried; has drank during eight years, and to excess during the last three. Hereditary or exciting causes unknown. He always began with beer, socially, and ended with whiskey. He has had treatment a number of times in a private institution. At entrance quite tremulous, stomach much disturbed, heart's action irregular and had bromide eruption over body. Has been out of hospital twenty-three months, and has continued abstinent and industrious. Recently his father wrote: "He is one of the best improved young men in ———, in a good position. If you saw him I think that you would not know him, the improvement is so great for the better. He has no use for liquor now."

Salesman, forty-four years old, unmarried; presented himself for examination and asked for his commitment. Has drank during twenty-three years, and to excess during the last eight or nine. Admits being in house of correction about four years ago, and also in the Massachusetts Reformatory about a year for inebriety. His drinking habits

quite constant of late years. He bore evidence of continued chronic alcoholism. Eight months prior to admission was much troubled with diarrhœa, for which he took laudanum and rhubarb; then laudanum alone; became frightened at the laudanum, and took to whiskey. Said he had been drunk every day for six months. After being in the hospital three months he ran away, remaining out one month, when he was returned to the hospital. He then remained about seven months. Has now been out of hospital seventeen months, and during that time has been seen frequently by people from the hospital; at such times always was sober. He is now managing a good business. His friends claim that he has at all times been abstinent.

MARCELLO HUTCHINSON,

Superintendent.

FOXBOROUGH, Oct. 22, 1895.

GENERAL STATISTICS

FOR THE

YEAR ENDING SEPT. 30, 1895.

GENERAL STATISTICS.

General Statistics of the Year.

Persons in hospital Oct. 1, 1894,	110
Admitted within the year,	245
By commitment,	212
By return from leave of absence of previous years,	25
By return from elopement of previous year,	8
Whole number of cases within the year,	355
Final discharges within the year,	70
By death while in the house,	5
By death while on leave of absence,	2
By death while on elopement,	2
As insane,	17
As insane while on leave of absence,	1
By time limit while on leave of absence,	18
By time limit while on elopement,	5
By time limit while in hospital,	20
Patients absent, not finally discharged,	156
On leave of absence,	89
By elopement,	67
Patients remaining in the hospital Sept. 30, 1895,	129
Supported as State patients,	70
Supported as town patients,	51
Supported as private patients,	8
Number of different persons within the year,	342
Persons committed,	212
Daily average number of patients,	125.14

Showing the Status Sept. 30, 1895, of Those reported Sept. 30, 1894, as "absent, not finally discharged."

Absent Sept. 30, 1894,	136
Discharged by time limit while on leave of absence,	57
Discharged by time limit while on elopement,	10
Recommitted while on leave of absence,	2
Returned to hospital from leave of absence,	12
Returned to hospital from elopement,	1
Recommitted while on elopement,	2
Sent to State Prison while on elopement,	1
Died while on leave of absence,	3
Remaining absent, on leave of absence,	33
Remaining absent, on elopement,	15

Received on First and Subsequent Commitment.

First commitment,	197
Second commitment,	14
Third commitment,	1
Total of cases,	212
Total of persons,	212

Ages at First Attack, Admission and Death.

AGES.	At First Attack.	When admitted.	At Time of Death.
Fifteen years and less,	1	—	—
From 15 to 20 years,	51	1	—
20 to 25 years,	67	9	1
25 to 30 years,	39	19	1
30 to 35 years,	26	32	—
35 to 40 years,	13	38	1
40 to 50 years,	11	71	1
50 to 60 years,	3	22	—
60 to 70 years,	1	16	1
70 to 80 years,	—	3	—
Over 80 years,	—	1	—
Total of persons,	212	212	5
Average ages,	24	41	38

Nativity and Parentage of Persons admitted.

PLACES OF NATIVITY.	Patient.	Father.	Mother.
Massachusetts,	126	35	35
Maine,	11	14	22
New Hampshire,	5	10	8
Vermont,	1	5	2
Rhode Island,	1	—	1
Connecticut,	3	1	1
New York,	4	6	4
New Jersey,	1	—	—
Canada,	1	2	3
New Brunswick,	2	1	3
Nova Scotia,	4	5	4
Newfoundland,	1	1	1
England,	8	18	15
Scotland,	2	7	3
Ireland,	39	102	106
Wales,	1	1	—
Germany,	—	2	2
Sweden,	1	1	1
Switzerland,	1	1	1
Totals,	212	212	212

Residence of Persons admitted.

Suffolk County,	107
Essex County,	34
Middlesex County,	30
Plymouth County,	3
Bristol County,	12
Norfolk County,	7
Worcester County,	14
Hampshire County,	3
Berkshire County,	2
Total,	212
Cities or large towns,	201
Country districts,	11

Civil Condition of Persons admitted.

NUMBER OF THE ADMISSION.	Unmar- ried.	Married.	Widowed.	Divorced.	Total.
First,	85	82	23	4	194
Second,	7	7	1	2	17
Third,	1	—	—	—	1
Totals,	93	89	24	6	212

Occupation of Persons admitted.

Accountant,	1	Longshoreman,	1
Artists,	2	Loom fixer,	1
Auctioneer,	1	Machinists,	5
Barbers,	4	Marble worker,	1
Baker,	1	Mason,	1
Bartenders,	3	Merchant,	1
Bicycle manufacturer,	1	Mill operative,	1
Blacksmith,	1	Morocco dressers,	4
Boiler maker,	1	No occupation,	8
Book-keepers,	2	Painters,	9
Brakeman,	1	Paper hanger,	1
Brass moulder,	1	Paver,	1
Butcher,	1	Physicians,	3
Canvasser,	1	Penman,	1
Carpenters,	5	Peddler,	1
Carriage wood-worker,	1	Piano polishers,	2
Chemist,	1	Piano tuner,	1
Cigar maker,	1	Plumbers,	2
Clergymen,	2	Porter,	1
Clerks,	20	Printers,	5
Cooper,	1	Provision dealers,	2
Coppersmith,	1	Railroad employees,	2
Curriers,	2	Real estate broker,	1
Dentist,	1	Reporter,	1
Druggist,	1	Salesmen,	7
Electric car conductor,	1	Seamen,	2
Engraver,	1	Shoe cutters,	2
Expressmen,	2	Shoemakers,	13
Farmers,	2	Shoe dealer,	1
Fireman,	1	Shoe packer,	1
Fisherman,	1	Silverware plater,	1
Furniture mover,	1	Steam fitters,	2
Furniture finisher,	1	Tailors,	3
Furniture polisher,	1	Teamsters,	9
Gardeners,	2	Tinsmiths,	2
Gas inspector,	1	Trader,	1
Grocer's clerk,	1	Undertaker,	1
Hack drivers,	2	Veterinary surgeon,	1
Hatter,	1	Waiter,	1
Hostlers,	3	Wax goods manufacturer,	1
Hotel keeper,	1	Watchmen,	2
Jeweller,	1	Watch case manufacturer,	1
Laborers,	16	Weavers,	3
Last maker,	1	Wheelwright,	1
Lawyer,	1	Wool carder,	1
Livery stable keeper,	1		
Liquor dealer,	1	Total,	212

Relations to Hospitals of Persons admitted.

Never before in any hospital,	172
Former inmates of this hospital only,	10
of other hospitals only,	21
of this and other hospitals,	9
Total,	212

Causes of Death.

Delirium tremens,	2
Neuritis and diarrhoea,	1
Pulmonary tuberculosis,	1
Valvular disease of heart,	1
Total,	5

Showing the Number discharged from Treatment on a First Leave of Absence during the Year beginning May 6, 1894, and ending May 5, 1895, also Their Apparent Habits on July 6, 1895, i. e., after an Absence from the Hospital of Fourteen Months or Less.

Total number discharged under above conditions,	112
Not under consideration as to habits,	6
Insane after leaving hospital,	3
Died after leaving hospital,	3
Under consideration as to habits,	106
Remaining out of hospital on July 6, 1895,	59
Doing well, or abstinent,	27
Improved, or drinking less,	10
Unimproved, or drinking as much as ever,	22
Returned to hospital prior to July 6, 1895,	47

Habits and Percentages of Ascertained Cases, as shown by Preceding Table.

HABITS.	Totals.	Percentages.
Doing well,	27	25.47
Improved,	10	9.44
Unimproved,	69	65.09
Total,	106	100.00

Showing Length of Absence from Hospital of Those who were discharged from Treatment during the Year beginning May 6, 1894, and were still absent from Hospital on July 6, 1895.

LENGTH OF ABSENCE.	Doing well.	Improved.	Unimproved.	Totals.
2 to 3 months,	5	2	4	11
3 to 4 months,	3	—	3	6
4 to 5 months,	3	—	—	3
5 to 6 months,	2	1	1	4
6 to 7 months,	1	—	3	4
7 to 8 months,	1	—	1	2
8 to 9 months,	1	3	1	5
9 to 10 months,	1	—	—	1
10 to 11 months,	3	1	1	5
11 to 12 months,	4	1	1	6
12 to 13 months,	—	1	3	4
13 to 14 months,	3	1	4	8
Totals,	27	10	22	59

Showing Length of Absence from Hospital of Those who were discharged from Treatment during the Year beginning May 6, 1894, had relapsed, and had been returned to Hospital prior to July 6, 1895.

LENGTH OF ABSENCE.										Number of Persons.
Less than 1 month,	.	.	.	.	.	.	.	.	.	26
1 to 2 months,	.	.	.	.	.	.	.	.	.	5
2 to 3 months,	.	.	.	.	.	.	.	.	.	3
3 to 4 months,	.	.	.	.	.	.	.	.	.	6
4 to 5 months,	.	.	.	.	.	.	.	.	.	4
5 to 6 months,	.	.	.	.	.	.	.	.	.	1
6 to 7 months,	.	.	.	.	.	.	.	.	.	1
7 to 8 months,	.	.	.	.	.	.	.	.	.	1
Total,	.	.	.	.	.	.	.	.	.	47

Showing Apparent Habits on July 6, 1895, of Those who were discharged from Treatment prior to the Beginning of Day of May 6, 1894, and Whose Apparent Habits on July 6, 1894, are indicated in the Report for the Year ending Sept. 30, 1894.

DISCHARGED PRIOR TO MAY 6, 1894.	JULY 6, 1894.		JULY 6, 1895.	
	Individuals.	Percent-ages.	Individuals.	Percent-ages.
Doing well,	51*	42.14+	31	26.05+
Improved,	17†	14.04+	13	10.91+
Unimproved,	53	43.80+	75	63.02+
Total,	121	100.00	119	100.00

* One became insane.

† One died.

Showing Length of Absence from Hospital of Those who were discharged from Treatment prior to May 6, 1894, were still absent from Hospital on July 6, 1895, and were still doing well.

LENGTH OF ABSENCE.	Doing Well.
14 to 15 months,	3
15 to 16 months,	6
16 to 17 months,	2
17 to 18 months	2
18 to 19 months,	3
19 to 20 months,	4
20 to 21 months,	2
21 to 22 months,	5
22 to 23 months,	1
25 to 26 months,	2
26 to 27 months,	1
Total,	31

PRODUCTS OF FARM, 1895.

70,081 quarts milk, at 3 cents,	\$2,102 43
2,424 pounds pork,	193 92
23 tons hay,	276 00
3 tons rowen,	36 00
460 bushels potatoes,	276 00
75 bushels pease,	131 25
37 bushels string beans,	37 00
9,000 ears corn,	90 00
550 bushels mangel-wurzels,	275 00
25 bushels beets,	12 50
50 bushels onions,	37 50
35 bushels turnips,	17 50
5 bushels carrots,	2 50
15 bushels parsnips,	7 50
14 bushels beans "dry,"	28 00
4 bushels shell beans,	3 00
50 bushels tomatoes,	25 00
500 bunches radishes,	15 00
2,500 pounds squash,	50 00
18,000 cucumbers,	180 00
50 summer squashes,	2 50
100 cabbages,	4 00
9 tons rye,	90 00
11 tons millet,	110 00
2 tons rowen, fed green,	20 00
2½ tons barley,	25 00
12 tons fodder corn,	96 00
Beef and veal,	188 35
	<hr style="width: 20%; margin: 0 auto;"/> \$4,331 95

FINANCIAL STATEMENT

OF THE

MASSACHUSETTS HOSPITAL FOR DIPSOMANIACS
AND INEBRIATES,

FOR THE YEAR ENDING SEPT. 30, 1895.

ASSETS, SEPT. 30, 1895.

Real estate : —

Cultivated land, 96 acres, \$15,000 00

Buildings : —

Administration building and barn, 12,000 00

Small farm-house, 500 00

Superintendent's house, 5,000 00

Three cottages, dining-room building, boiler
and laundry house, 120,000 00

Workshop, 6,500 00

\$159,000 00

Personal estate : —

Live stock on the farm, \$2,438 00

Produce of the farm on hand, 925 75

Carriages and agricultural implements, 1,315 98

Machinery and mechanical fixtures, 854 63

Beds and bedding in inmates' department, . . . 4,156 23

Other furniture in inmates' department, . . . 4,212 67

Personal property of State in superintendent's
department, 3,217 97

Ready-made clothing, 664 21

Dry goods, 533 20

Provisions and groceries, 747 69

Drugs and medicines, 95 00

Fuel, 2,886 50

Library, 269 96

Other supplies undistributed, 4,506 34

26,824 13

Total assets, \$185,824 13

RECEIPTS.

Cash on hand at the beginning of the year,	\$10,771 41
Received from State appropriation, 1895,	\$20,000 00
Received from special appropriation for enlarging workshop,	3,110 94
Total cash received from appropriations,	23,110 94
Received from other sources, viz.: —	
From farm and farm produce,	\$612 23
From sale of brooms,	2,856 41
From towns and cities for support of inmates,	10,212 59
From individuals for support of inmates,	2,055 51
From State for support of inmates,	9,279 86
From all other sources,	757 75
	25,774 35
Total receipts,	<u>\$59,656 70</u>

EXPENDITURES.

A. *Current Expenditures.*

Salaries, wages and labor,	\$18,853 54
Provisions and supplies, viz.: —	
Meats of all kinds,	\$2,589 57
Fish of all kinds,	492 97
Fruit and vegetables,	427 08
Bread,	1,690 39
Grain and meal for table,	81 65
Grain and meal for stock,	634 21
Tea, coffee and chocolate,	268 75
Sugar and molasses,	687 91
Milk, butter and cheese,	1,398 72
Salt and other groceries,	1,323 61
Total for provisions and supplies,	9,594 86
Clothing,	1,838 21
Fuel and lights,	4,860 12
Medicine and medical supplies,	350 61
Transportation,	371 73
Ordinary repairs,	839 81
Expenses of superintendent and trustees,	506 73
All other current expenses,	8,360 08
Total current expenditures,	<u>\$45,575 69</u>

B. *Extraordinary Expenditures.*

Enlarging workshop,	\$3,110 94
Materials used in manufacturing brooms,	3,468 82
Completing sewerage system,	683 19
Total extraordinary expenditures,	7,262 95
Total expenditures,	<u>\$52,838 64</u>

36 HOSPITAL FOR DIPSO MANIACS, ETC. [Jan. '96.

RESOURCES, SEPT. 30, 1895.

Cash on hand,	\$6,818 06	
Bills receivable,	5,476 48	
Total resources applicable to expenses,		\$12,294 54

LIABILITIES, SEPT. 30, 1895.

Total liabilities,	None.	
Balance for the institution,		\$12,294 54

CASH ACCOUNT.

Dr.

To cash on hand Oct. 1, 1894,	\$10,771 41	
Drawn from State treasury,	23,110 94	
Received from sale of produce,	612 23	
Received from sale of other articles,	3,368 94	
Received from all other sources,	21,793 18	
Total,		\$59,656 70

Cr.

By cash paid for salaries, wages and labor,	\$18,853 54	
For provisions and supplies,	9,594 86	
For fuel and lights,	4,860 12	
For clothing, furniture and bedding,	1,838 21	
For repairs and improvements,	839 81	
For all other ordinary expenses,	9,589 15	
For extraordinary expenses,	7,262 95	
By cash on hand Sept. 30, 1895,	6,818 06	
Total,		\$59,656 70

SUMMARY.

Dr.

Cash on hand Oct. 1, 1894,	\$10,771 41	
Drawn from State treasury,	23,110 94	
Received from all other sources,	25,774 35	
Total,		\$59,656 70

Cr.

Cash paid on account of current expenses,	\$45,575 69	
Cash paid on account of extraordinary ex- penses,	7,262 95	
Cash on hand Sept. 30, 1895,	6,818 06	
Total,		\$59,656 70

WARREN F. SPALDING,

Treasurer.

APPENDIX.

AN ACT TO ESTABLISH THE MASSACHUSETTS HOSPITAL FOR DIPSO- MANIACS AND INEBRIATES.

[Chapter 414, Acts of 1889.]

Be it enacted, etc., as follows:

SECTION 1. The governor with the advice and consent of the council shall appoint five persons who shall constitute the board of trustees of the Massachusetts Hospital for Dipsomaniacs and Inebriates, and who shall hold office for terms of one, two, three, four and five years respectively, beginning with the first Monday of July in the present year, and until their respective successors are appointed and qualified; and previous to the first Monday in July in each year hereafter the governor shall in like manner appoint one such trustee to hold office for the term of five years, beginning with the first Monday in July of the year of his appointment, and until his successor is appointed and qualified. Any such trustee may be removed by the governor with the advice and consent of the council for such cause as they may deem sufficient and as shall be assigned in the order for removal. Any vacancy occurring in said board shall be filled in like manner for the unexpired term.

Appointment
of trustees.

Removals.

Vacancies, —
how filled.

SECT. 2. The lands held by said trustees in trust for the Commonwealth for the use of said hospital, as hereinafter provided, shall not be taken for a street, highway or railroad without leave of the legislature specially obtained.

Hospital lands
not to be taken
for streets.

SECT. 3. Said trustees shall be a corporation for the same purposes for which the trustees of each of the state lunatic hospitals are made a corporation under section five of chapter eighty-seven of the Public Statutes, with all the powers necessary to carry said purposes into effect.

Trustees a
corporation for
certain
purposes.

[Section 5, chapter 87, Public Statutes.]

SECT. 5. The trustees of each hospital shall be a corporation for the purpose of taking and holding, to them and their successors, in trust for the Commonwealth, any grant or devise of lands, and any donation or bequest of money or other personal property, made for the use of the institution of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect.

Trustees to be a
corporation, to
take and hold
grants, etc.

To purchase
land and erect
buildings.

Number of
inmates.

Cost limited.

Plans to be
approved by
governor and
council.

Powers of
trustees for
management of
hospital.

Trustees,
general powers
and duties.

Trustees to
make by-laws,
appoint officers,
fix salaries, etc.

SECT. 4. Said trustees shall have authority to purchase in behalf of the Commonwealth suitable real estate as a site for said hospital for dipsomaniacs and inebriates, and to cause to be erected thereon suitable buildings for said hospital, which shall furnish suitable accommodations for not less than two hundred and * fifty patients and for the officers, employees and attendants, and to provide for the equipment and furnishing of said buildings: *provided, however*, that the entire expenditure for carrying out the purpose of this act shall not exceed one hundred and fifty thousand dollars. No expenditure shall be made for the erection of buildings except for plans therefor, until said plans have been approved by the governor and council, and no such approval shall be given unless the governor and council shall be satisfied that the cost of the real estate and the erection and completion of buildings and the equipment and furnishing of the same ready for occupancy will not exceed one hundred and fifty thousand dollars. Said trustees shall have authority to make all contracts and employ all agents necessary to carry into effect the provisions of this act.

SECT. 5. Said trustees shall have the same powers vested in them and shall be required to perform the same duties for the management and control of said hospital as are vested in and required of the trustees of the various state lunatic hospitals under sections six and seven of chapter eighty-seven of the Public Statutes.

[Sections 6 and 7, chapter 87, Public Statutes.]

SECT. 6. They shall take charge of the general interests of the institution and see that its affairs are conducted according to the requirements of the legislature and the by-laws and regulations which the board shall establish for the internal government and economy thereof; and they shall be reimbursed all expenses incurred in the discharge of their official duties.

SECT. 7. They shall establish by-laws and regulations, with suitable penalties, for the internal government and economy of the institution; shall appoint a superintendent who shall be a physician and constantly reside at the hospital, and a treasurer who shall give bond for the faithful discharge of his duties; shall appoint or make provision in the by-laws for appointing such officers as in their opinion may be necessary for conducting efficiently and economically the business of the institution; and shall determine, subject to the approval of the governor and council, the salaries of all the officers. All their appointments shall be made in such manner, with such restrictions, and for such terms of time, as the by-laws may prescribe.

* Amended by chapter 251, Acts of 1890, by striking out the word "fifty," so that only two hundred inmates are to be provided for.

SECT. 6. When the buildings constructed under the provisions of this act are so far completed that in the opinion of said trustees commitments may properly be made thereto, said trustees shall so notify the governor, who shall thereupon issue his proclamation establishing the Massachusetts Hospital for Dipsomaniacs and Inebriates, and thereafter the judges named in section eleven of said chapter eighty-seven may commit to said hospital any * person who is given to or subject to dipsomania or inebriety, whether in public or in private: *provided, however*, that no such person shall be so committed until satisfactory evidence shall be furnished to the judge before whom the proceedings for commitment are had that such person or persons are not of bad repute or of bad character apart from their habits of inebriety.

Opening the hospital.

Commitments, by whom made.

Character of patients.

[Section 11, chapter 87, Public Statutes.]

SECT. 11. A judge of the Supreme Judicial Court, or superior court, in any county where he may be, and a judge of the probate court, or of a police, district or municipal court, within his county, may commit to either of the state lunatic hospitals any insane person then residing or being in said county, who, in his opinion, is a proper subject for its treatment or custody.

Judges authorized to commit.

SECT. 7. All the laws relative to commitment of an insane person to a lunatic hospital shall be applicable to and shall govern the commitment of any person under this act, except that in all proceedings relative to the commitment of any such person it shall be specifically alleged that they are either dipsomaniacs or inebriates, as the case may be, instead of alleging that they are insane.

Laws governing commitments.

[Section 12, chapter 87, Public Statutes.]

SECT. 12. Except when otherwise specially provided, no person shall be committed to a lunatic hospital, asylum, or other receptacle for the insane, public or private, without an order or certificate therefor, signed by one of the judges named in the preceding section, said person residing or being within the county as therein provided. Such order or certificate shall state that the judge finds that the person committed is insane, and is a fit person for treatment in an insane asylum. And said judge shall see and examine the person alleged to be insane, or state in his final order the reason why it was not deemed necessary or advisable to do so. The hearing, except when a jury is summoned, shall be at such place as the judge shall appoint. In all cases the judge shall certify in what place the lunatic resided at the time of his commitment; or if the confinement is ordered by a court, the judge shall certify in what place the lunatic resided at the time of the arrest in pursuance of which he was held to answer before such court; and such certificate shall, for the purposes of the preceding section, be conclusive evidence of his residence.

No person to be committed to any hospital without order of judge, except, etc. What the order shall state.
11 Gray, 107.
111 Mass. 308

Residence of patient to be certified.

* Amended by inserting the word "male." Chapter 153, Acts of 1891.

[Section 13, chapter 87, Public Statutes, as amended by chapter 229 of the Acts of 1892.]

Sworn certificate of physicians.

SECT. 13. No person shall be so committed, unless in addition to the oral testimony, there has been filed with the judge a certificate signed by two physicians, each of whom shall make oath that he is a graduate of a legally organized medical college, that he has practised three years in the state, and that he is not connected with any hospital or other establishment for treatment of the insane. Each must have personally examined the person alleged to be insane within five days of signing the certificate; and each shall certify that in his opinion said person is insane and a proper subject for treatment in an insane hospital, and shall specify the facts on which his opinion is founded. A copy of the certificate, attested by the judge, shall be delivered by the officer or other person making the commitment, to the superintendent of the hospital or other place of commitment, and shall be filed and kept with the order.

[Chapter 53, Acts of 1892. Substituted for section 14, chapter 87, Public Statutes.]

Notice of intention to commit to be given to overseers of the poor.

SECT. 1. A person applying for the commitment or for the admission of a lunatic to a state lunatic hospital under the provisions of chapter eighty-seven of the Public Statutes, or for such commitment of a dipsomaniac under the provisions of chapter three hundred and thirty-nine of the acts of the year eighteen hundred eighty-five, or for the commitment of a dipsomaniac under the provisions of chapter four hundred and fourteen of the acts of the year eighteen hundred and eighty-nine, shall first give notice in writing to the overseers of the poor of the place where the lunatic or dipsomaniac resides, except that in the city of Boston such notice shall be given to the commissioners of public institutions, of his intention to make such application; and satisfactory evidence that such notice has been given shall be produced to the justice in cases of commitment.

SECT. 2. Section fourteen of chapter eighty-seven of the Public Statutes is hereby repealed.

[Sections 15, 16, chapter 87, Public Statutes.]

Statement to be filed with application.

SECT. 15. Upon every application for the commitment or admission of an insane person to a hospital or asylum for the insane, there shall be filed with the application, or within ten days after the commitment or admission, a statement in respect to such person, showing as nearly as can be ascertained his age, birthplace, civil condition, and occupation; the supposed cause and the duration and character of his disease, whether mild, violent, dangerous, homicidal, suicidal, paralytic or epileptic; the previous or present existence of insanity in the person or his family; his habits in regard to temperance; whether he has been in any lunatic hospital, and, if so, what one, when, and how long; and, if the patient is a woman, whether she has borne children, and, if so, what time has elapsed since the birth of the youngest; the names and address of his father, mother, children, brothers, sisters, or other next of kin, not exceeding ten in number, and over eighteen years of age, when the names and address of such relatives are known by the person or persons making such application, together with any facts showing whether he has or has not a settlement, and, if he has a settlement, in what place; and if the applicant is unable to state any of the above particulars, he

shall state his inability to do so. The statement, or a copy thereof, shall be transmitted to the superintendent of the hospital or asylum, to be filed with the order of commitment or the application for admission. The superintendent shall, within two days from the time of the admission or commitment of an insane person, send, or cause to be sent, notice of said commitment in writing, by mail, postage prepaid, to each of said relatives, and to any other two persons whom the person committed shall designate.

Copy to be sent to hospital.

Notice of commitment to be sent to relatives of patient.

SECT. 16. After hearing such other evidence as he may deem proper, the judge may issue a warrant for the apprehension and bringing before him of the alleged lunatic, if in his judgment the condition or conduct of such person renders it necessary or proper to do so. Such warrant may be directed to and be served by a private person named in said warrant, as well as by a qualified officer; and pending examination and hearing, such order may be made concerning the care, custody, or confinement of such alleged lunatic as the judge shall see fit.

Judge may cause alleged lunatic to be brought before him.

SECT. 8. All persons so committed may be detained in said hospital two years; but when it shall appear to the trustees that any person held in said hospital will not continue to be subject to dipsomania or inebriety, or will be sufficiently provided for by themselves or their guardians, relatives or friends, they may issue to them a permit to be at liberty, upon such conditions as they deem best, and they may revoke said permit at any time previous to its expiration. The violation by the holder of such permit of any of the terms or conditions of the same shall of itself make said permit void.

Patient may be detained two years.

Conditional release.

Revocation of permit to be at liberty.

SECT. 9. When any permit granted under the provisions of the preceding section has become void in any manner the trustees may issue an order authorizing the arrest of the holder or holders of such permit and their return to the hospital, and such order of arrest may be served by any officer authorized to serve criminal process in any county in this Commonwealth. Any person at liberty from the hospital upon a permit, as aforesaid, may voluntarily return to the hospital and put himself in the custody of the superintendent. The holder of said permit when returned to said hospital as aforesaid, whether voluntarily or otherwise, shall be detained therein according to the term of his original commitment.

Arrest and return of holder of revoked permit.

Voluntary return of patient.

SECT. 10. Every person may appeal from the order of the judge committing them to said hospital to the superior court next to be held in the same county. The appellant shall be held in said hospital to abide the final order of said court.

Appeal from order of commitment.

SECT. 11. On such appeal the judge who ordered the commitment shall have the same authority to bind by recognizance witnesses in the case that is given by chapter two hundred and twelve of the Public Statutes.

Witnesses may be bound for appearance at trial.

Proceedings to be certified to higher court.

SECT. 12. The judge shall on such appeal make a copy of the order of commitment and other proceedings in the case, and transmit the same together with the recognizance, if any is taken, to the clerk of the court appealed to.

Appellant may be defaulted.

SECT. 13. If the appellants fail to enter and prosecute an appeal they shall be defaulted on their recognizance if any was taken, and the superior court may enter an order in like manner as if they had been ordered to be committed in that court; and process may issue, if necessary, to bring them into court to be recommitted.

Appeal may be withdrawn.

SECT. 14. The appellants may, at any time before the copy of the proceedings in the case has been transmitted to the clerk of the court appealed to, be brought personally before the judge from whose order the appeal was taken, and upon their own request may be permitted by such judge, at his discretion, to withdraw their appeal and abide by the order therein; whereupon said judge shall order that the appellants comply with the order appealed from in the same manner as if it were then first imposed.

Expenses of trustees to be paid.

SECT. 15. After the establishment of said hospital said trustees shall receive no compensation for their services, but they shall be reimbursed from the treasury of the Commonwealth for all expenses actually incurred by them in the performance of their official duties. The governor and council shall fix the compensation to be made to them for services rendered in the selection and purchase of real estate and the construction, equipment and furnishing of the hospital buildings.

Compensation for services in building hospital.

Transfer of patients from lunatic hospitals.

SECT. 16. After the establishment of said hospital the * inmates that have been committed to any lunatic hospital under the provisions of chapter three hundred and thirty-nine of the acts of the year eighteen hundred and eighty-five, and are not found to be insane, may be transferred by the state board of lunacy and charity to the Massachusetts Hospital for Dipso-maniacs and Inebriates; and said state board shall transfer from said hospital for dipsomaniacs and inebriates to some state lunatic hospital or asylum such inmates as may, under an order of commitment provided for by chapter eighty-seven of the Public Statutes, be found insane and requiring treatment therein.

Removal of insane patients to lunatic hospitals.

[Chapter 339, Acts of 1885.]

Dipsomaniacs may be committed to lunatic hospitals.

SECTION 1. Whoever is given to or subject to dipsomania, or habitual drunkenness, whether in public or in private, may be committed to one of the state lunatic hospitals: *provided, however*, that no such person shall be so committed until satisfactory evidence is furnished to the

* Amended by inserting the word "male." Chapter 158, Acts of 1891.

judge before whom the proceedings for commitment are had that such person is not of bad repute or of bad character, apart from his habits of inebriety.

Character of patients.

SECT. 2. The provisions of chapter eighty-seven of the Public Statutes, and of acts amendatory to such chapter, relative to the commitment of an insane person to a lunatic hospital, shall be applicable to, and shall govern the commitment of, any person under this act, except that in all proceedings relative to the commitment of any such person it shall be specifically alleged that he is subject to dipsomania, instead of alleging that he is insane.

Laws governing such commitments.

SECT. 3. All the laws relative to persons committed to lunatic hospitals on the ground of insanity shall apply to persons committed thereto under the provisions of this act: *provided*, that no person so committed shall be discharged therefrom unless it appears probable that he will not continue to be subject to dipsomania or habitual drunkenness, or that his confinement therein is not longer necessary for the safety of the public or for his own welfare.

Laws applicable to such patients.

Conditions of discharge.

SECT. 17. Such inmates of said hospital as are able to pay for their board shall be charged for the same. The board of such inmates as have a legal settlement in some city or town shall be paid by said place of settlement. The board of all persons who have no settlement in the Commonwealth, and are unable to pay for themselves shall be paid from the treasury of the Commonwealth at a rate to be determined by the board of trustees of said hospital.

Board of patients, — how paid.

Rate of board.

SECT. 18. There shall be thorough visitations of said hospital by two of the trustees thereof monthly, and by a majority of them quarterly, and by the whole board semi-annually, at each of which a written account of the state of the institution shall be drawn up, which shall be presented at the annual meeting to be held between the first days of the months of October and November. At the annual meeting the trustees shall make a detailed report in the same manner as is required of the trustees of the state lunatic hospitals, and shall audit the report of the treasurer, which shall be presented at said annual meeting, and transmit it with their annual report to the governor and council.

Visits of trustees to hospital.

Reports of visits.

Annual report.

Treasurer's report.

[Section 9, chapter 87, Public Statutes, as amended by chapter 170, Acts of 1887.]

. . . At the annual meeting of the trustees (of the lunatic hospitals) a full and detailed report shall be made, exhibiting a particular statement of the condition of the hospital and all its concerns, with a list of the salaried officers and their salaries, and in a tabular form, under the heads specified in section seven of chapter seventy-nine of the Public Statutes, the value of the stock and supplies, to be laid before the Governor and Council, . . .

Annual report of trustees of lunatic hospitals.

[Section 7 of chapter 79 of the Public Statutes.]

Inventory
required for
annual report.

The inventory required by this section is as follows: live stock on the farm; produce of the farm on hand; carriages and agricultural implements; machinery and mechanical fixtures; beds and bedding in the inmates' department; other furniture in the inmates' department; personal property of the State in the superintendent's department; ready made clothing; dry goods; provisions and groceries; drugs and medicines; fuel, library.

Treasurer's
books.

SECT. 19. The accounts and books of the treasurer shall at all times be open to the inspection of the trustees.

SECT. 20. This act shall take effect upon its passage. [*Approved June 5, 1889.*]

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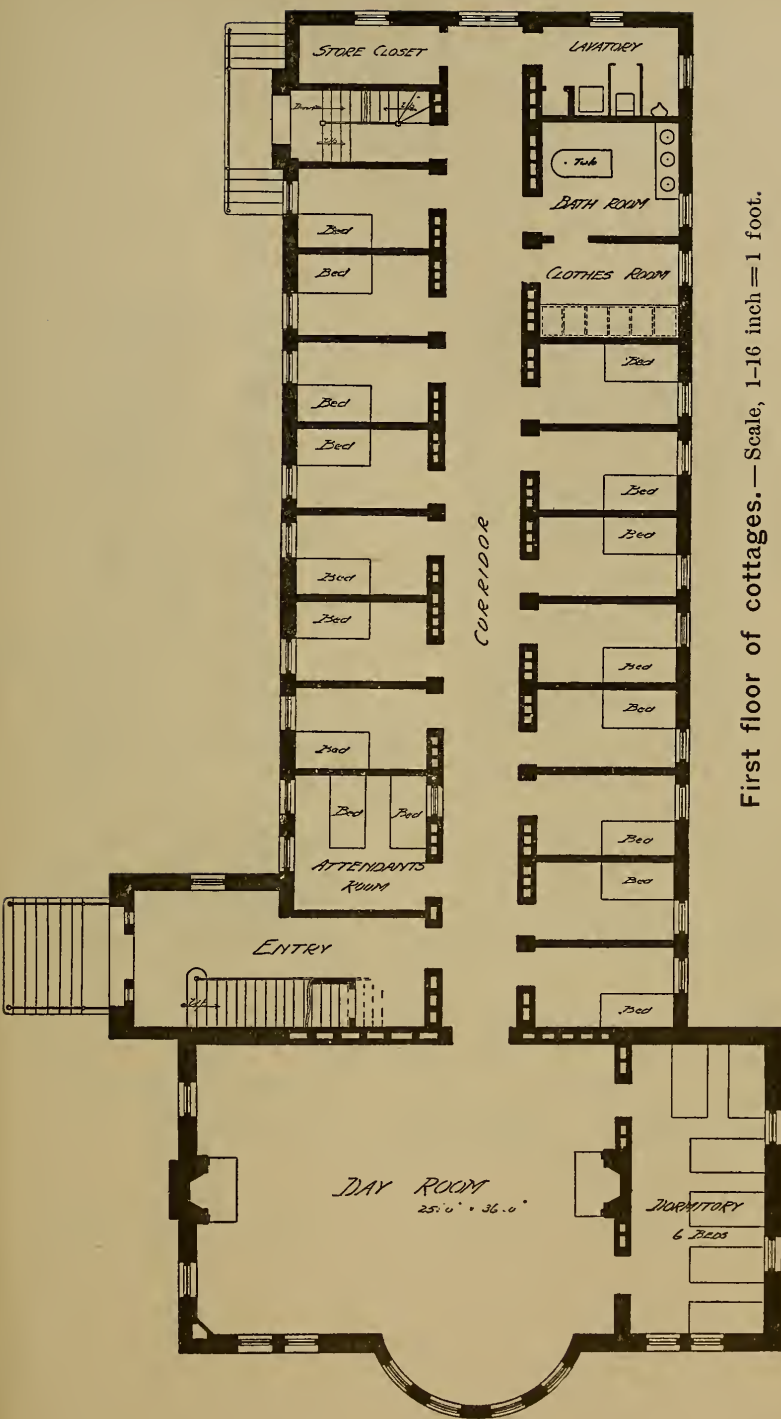




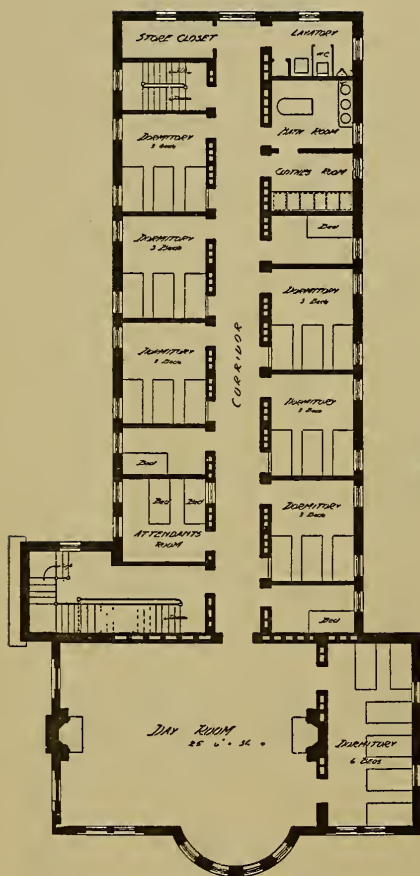
COTTAGE.—DINING-ROOM BUILDING AT RIGHT.



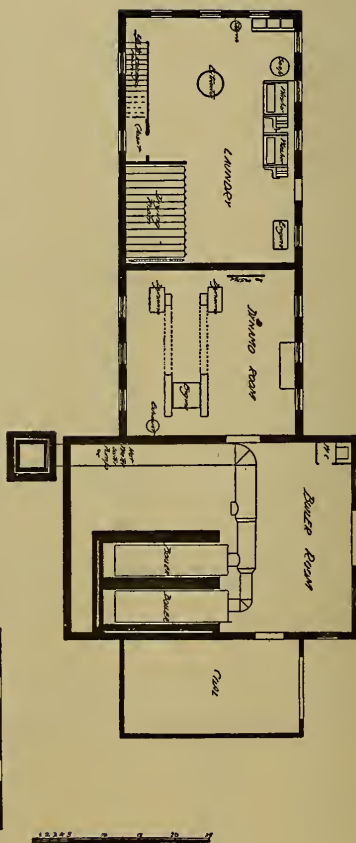
INTERIOR OF DAY ROOM.



First floor of cottages. — Scale, 1-16 inch = 1 foot.

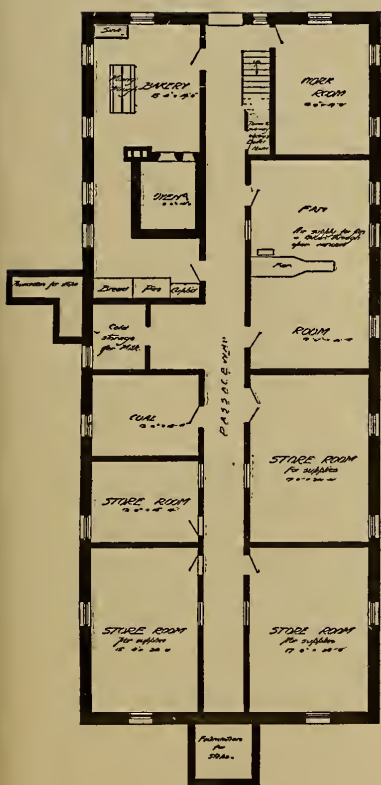


Second floor of cottages.

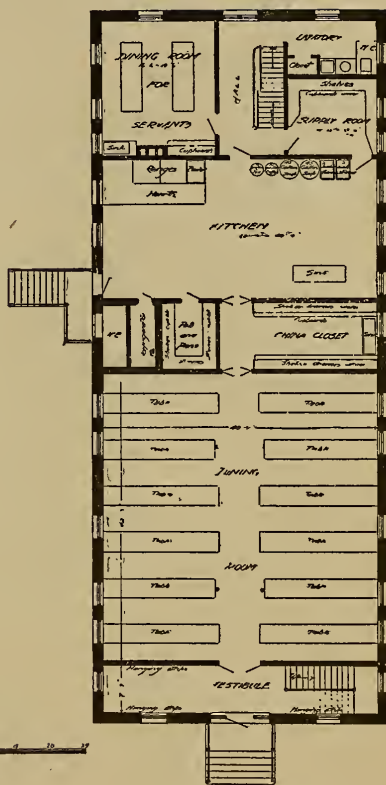


Boiler house and laundry.

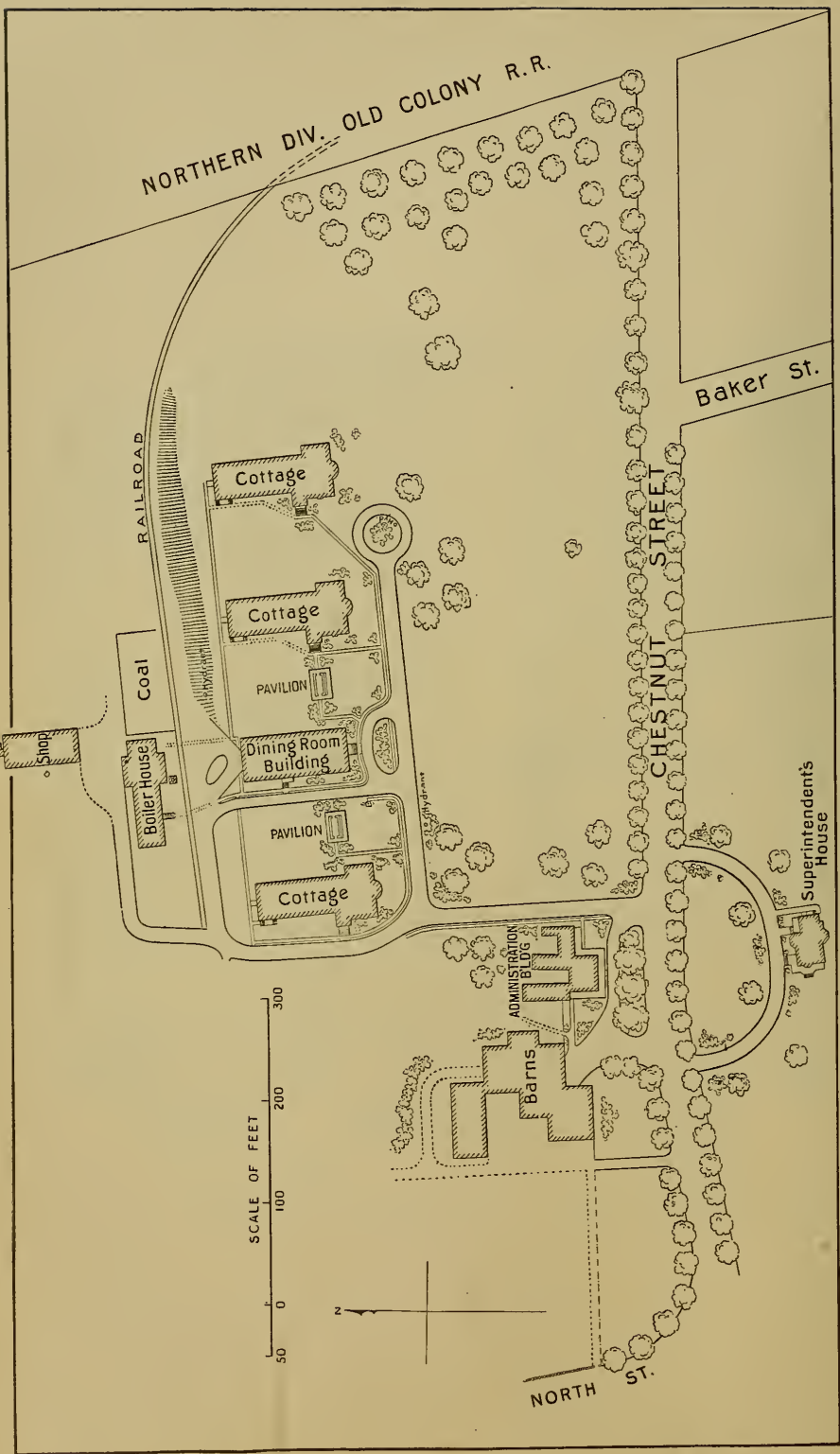
DINING ROOM BUILDING.



Basement.



First floor.



Plan showing relative position of buildings.